



10/08/04 12:47 FAX 818 362 4795

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSU, E  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

07/15/2004

PACESETTER, INC.  
15900 Valley View Court  
Sylmar, CA 91392-9221

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Cristene Amador (Depositor's name)  
Cristene Amador (Signature)  
10/8/04 (Date)

10/12/2004 WABDEL3 00000046 160068 09996854

01 FC:1501 1370.00 DA  
02 FC:8001 9.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/996,854	11/21/2001	Phong D. Doan	A01P1084	4896

TITLE OF INVENTION: EXTENDABLE/RETRACTABLE SCREW-IN TIP DESIGN WITH AN IMPROVED THREAD/SCREW MACHANISM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	10/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DROESCH, KRISTEN L	3762	607-127000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PACESETTER, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

15900 Valley View Court  
Sylmar, CA 91392-9221

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16 0068 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) [Signature] (Date) 10/8/04

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**TELECOPIER COVER SHEET**

October 8, 2004

<b>To: Assistant Commissioner for Patents</b>	<b>From: Cristene Amador Senior Patent Assistant 818/493-3103</b>
<b>Attention: BOX ISSUE FEE</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 703/746-4000</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Payment of ISSUE FEE</b> Applic. No. 09/996,854 Filed: 11/21/2001 Docket No. A01P1084	Number of pages being sent: <u>2</u> (including cover page)

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